



PATIENT

Spike Mendoza

SPECIES

Canine

BREED

Shepherd Mix

SEX

Intact Male

AGE

7 Months

WEIGHT

20.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Ackert

INVOICE

13051

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Presented as a transfer from to emergency for assessment of a several-day course of diarrhea, lethargy, and fever, with concern for a potential gastrointestinal obstruction or ileus. Failing to thrive. Underweight. Previous history of parvo - treated. History of diarrhea as a puppy that resolved with Giardia treatment. The current episode of lethargy began approximately 2 weeks ago, with diarrhea starting about 1 week ago. The owner describes it as liquid and voluminous, like a "fountain." No blood has been observed.

Abnormal PE/Chem/CBC/UA Results: Negative SNAP 4Dx test on 01/07 Blood work on 01/07 revealed a hematocrit of 36%, elevated white blood cells (20.65 x 10⁹/L) with lymphocytosis, monocytosis, and eosinophilia, and a low platelet count of 75,000 confirmed on a smear.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The prostate was mildly prominent in appearance with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. This presentation is consistent with expected prostatic presentation for a young intact male canine.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were subjective subnormal in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole. The right adrenal gland measured 0.29 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Primarily empty lumen with mild nonshadowing gastric fluid/chyme. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.31 cm width.

Normal visible colon wall layers were present with soft fecal matter in lumen consistent with the patient's history.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.5 cm x 0.57 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with mild retained gastric fluid.
- Soft fecal matter in colon.
- Intermittent benign mesenteric lymphadenopathy.
- Subnormal adrenal glands- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural gastrointestinal or mural pathology i.e. intussusception, mural pathology, obstructive criteria, foreign body, etc. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol is recommended to assess for occult disease. Pending additional workup, dietary trial, high colony count probiotics such as ProViable, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming (Panacur 50 mg/kg SID for five days with repeat protocol in three weeks despite fecal testing) may prove beneficial.



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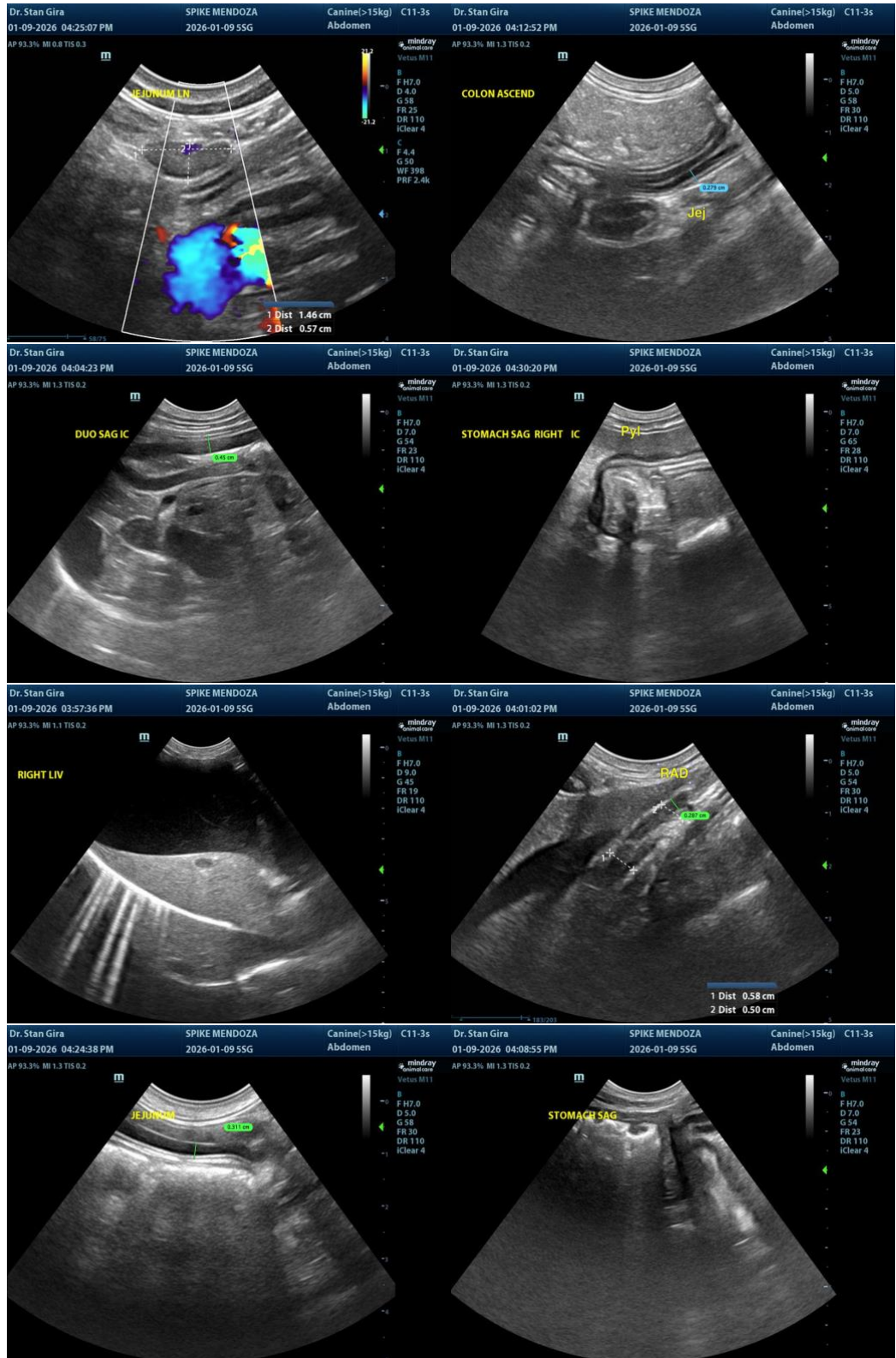
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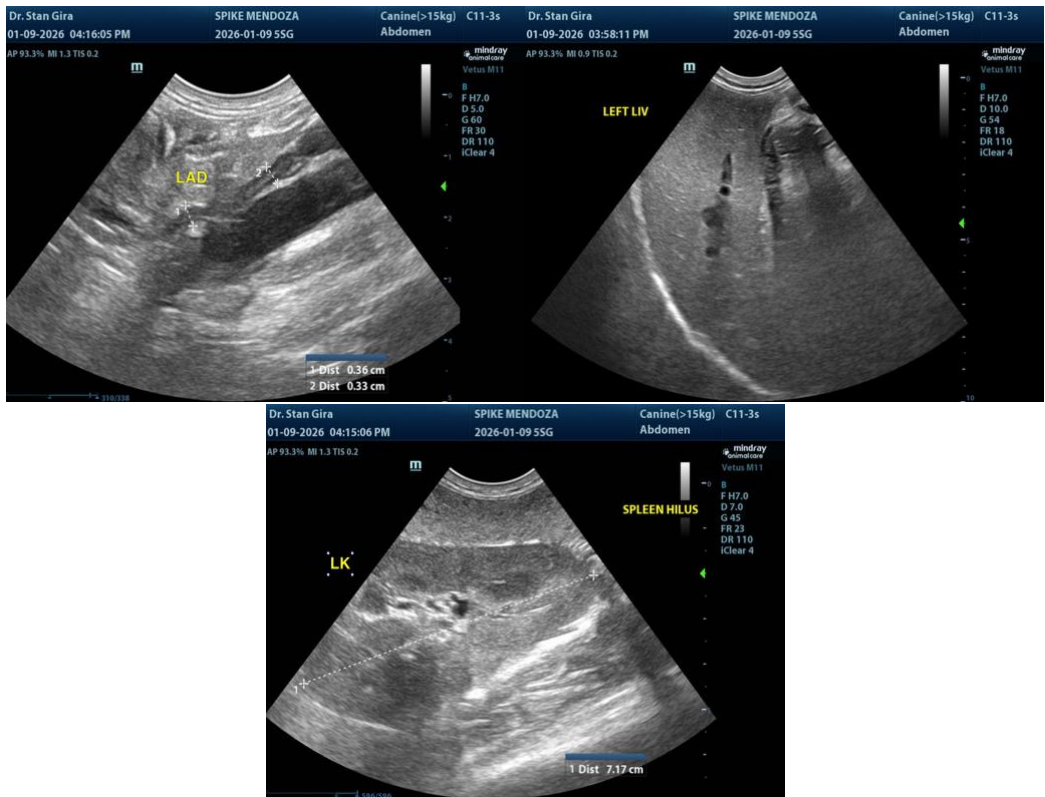
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com